

MISHAWAKA PARKS AND RECREATION

YOUTH ACTIVITY REGISTRATION FORM

904 N. Main St.
Mishawaka, IN 46545
PH: 574.258.1664 FX: 574.258.1736

PARENT'S INFORMATION (Please Print)

Parent's Name: _____

Street Address: _____

Apt. No.: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Work or Other: _____ Email: _____

CHILD'S INFORMATION (Please Print) (1 child per form, please)

Child's Name: _____ Gender: _____

Birth Date: _____ School: _____ Grade: _____

Street Address: _____

(If different than above Parent's)

Apt. No.: _____ City, State, Zip: _____ Phone #: _____

In case of an emergency, please list the name, relationship and phone number of the person to call:

_____	_____	() _____
Name	Relationship	Phone Number

CHOOSE A SPORT/ACTIVITY (Please Check One):

NO REFUNDS ON REGISTRATION FEES

- ☐ Youth Tackle Football [YTFB]*
☐ Youth Flag Football [FLFB]*
☐ Swim Lessons [SWIM] Session # _____ /Dates _____
☐ Skate Lessons [SKLS] Session # _____ /Dates _____
☐ Special Event /Other [Code: _____]

*Ask for available discounts on additional, qualifying siblings registering for the same sport.

CHOOSE A SHIRT SIZE, if applicable:

- ☐ YSML ☐ YMED ☐ YLRG
☐ ASML ☐ AMED ☐ ALRG

PLEASE COMPLETE BOTH SIDES OF THIS FORM, INCLUDING WAIVER & RELEASE

FOR OFFICE USE ONLY

PAYMENT MADE BY: ☐ Cash ☐ Check # _____ ☐ Money Order # _____

Date: _____ Receipt # _____ Amount: \$ _____

FLFB/YTFB Scholarship Requested _____ Verification Ltr Rec'd _____ Scholarship Appr'vd: _____



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WAIVER & RELEASE

Please read this form carefully and be aware that in registering your child and his/her participation in this program you will be waiving and releasing all claims for injuries said child might sustain arising out of this program.

As the parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury as a result of my child's participation in this activity. By my signature below, I hereby consent to my child's participation in any and all activities associated with this program, and hereby acknowledge and agree as follows:

- To assume the full risk of any injuries, including death, damages, or loss which the participant may sustain;
- To waive and relinquish all claims that I or the participant may have against the City of Mishawaka, the Mishawaka Parks & Recreation Department, or any related or associated entities or employees as a result of my child participating in this program;
- To indemnify and hold harmless and defend the City of Mishawaka, the Mishawaka Parks & Recreation Department or any related or associated entities or employees from any and all claims as a result of my child's participation in this program; and, furthermore,
- I do hereby fully release and discharge the City of Mishawaka, the Mishawaka Parks & Recreation Department or any related or associated entities or employees from any and all claims from injuries, including death, damage, or loss sustained as a result of my child's participation in this program.

I have read and fully understand the above and that **"THIS IS A RELEASE"**.

Printed Parent's Name

Parent's Signature

Date

